

UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

Case No.

22-cv-3544
(to be filled in by the Clerk's Office)KEVIN G FINNIE SR.

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

SHAYNE GOODMAN RN
Health Service's Administrator
PRIME CARE MEDICAL
Head DR. CATHLETT ET AL

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$50) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid. See 28 U.S.C. § 1915(b). A prisoner who is granted leave to proceed in forma pauperis is obligated to pay the entire filing fee regardless of the outcome of the proceeding, and is not entitled to the return of any payments made toward the fee.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Kevin Graham FINNIE Sr.
 All other names by which
 you have been known: FINNIE
 ID Number 94-1037
 Current Institution LANCASTER COUNTY Prison
 Address 625 E King St
LANCASTER PA 17602
City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name Shayle Goodman RN
 Job or Title (*if known*) Administrator
 Shield Number _____
 Employer PRIMECARE MED INC / Health Services
 Address 3940 Locust Lane
Harrisburg PA 17109
City State Zip Code
☒ Individual capacity ☒ Official capacity

Defendant No. 2

Name William Cattell
 Job or Title (*if known*) Head Doctor
 Shield Number _____
 Employer PRIMECARE MED INC / Health Services
 Address Harrisburg PA 17109
City State Zip Code
☒ Individual capacity ☒ Official capacity

Defendant No. 3

Name

Job or Title (if known)

Shield Number

Employer

Address

JANE DOE'S ~~ET AL~~ ~~ET AL~~ ~~ET AL~~
LPN'S WOUND ~~CARE~~ CARE

PRIME CARE / Health Services

3940 LOCUST LN.

HARRISBURG

PA

17109

City

State

Zip Code



Individual capacity



Official capacity

Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code



Individual capacity



Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Right To be given medical treatment of wound care
violation of my 8th amendment right to medical care

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☒ Other (explain) LANCASTER COUNTY PRISON

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.
I'm Type 2 Diabetic the ulcer started on my second
Toe left foot. Abouts 5-20-21 I HAD seen my Podiatrist
and PCP Prior to 5-27-21 AND HAD Bleed work Done No
INFECTION
- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Pb. 4. B

IV.

UPON MY BEING INCARCERATED TO LANCASTER COUNTY PRISON I DEVELOPED A ULCER ON MY SECOND TOE LEFT FOOT UPON INTAKE THE NURSE THAT WAS DOING MY INTAKE WAS AWARE OF MY ULCER BEFORE BEING BAUGHT HERE I WAS TAKEN TO THE HOSPITAL FIRST AND THE NURSE WAS MADE AWARE OF THE ULCER AND WAS TOLD BY ME AND THE DIRECTIONS FOR CARE OF THE ULCER TO CLEAN AND CHANGE EVERYDAY. I HAD SEEN MY P.C.P. & MY PODIATRIST WITHIN A WEEK BEFORE BEING INCARCERATED AND WAS TOLD TO DO BLOODWORK WHICH CAME BACK NEGATIVE FOR INFECTION MY P.C.P. ALSO TOOK PICTURES OF THE TOE AND THE NURSING STAFF WAS AWARE THAT I WAS TYPE 2 DIABETIC THERE WAS NO INFECTION WHEN I CAME HERE TO L.C.P. FROM THE 5-27-21 TO 6-10-21 THE ULCER WAS CLEANED AND CHANGED FIVE TIMES BEFORE I WAS SENT TO THE HOSPITAL ON 6-10-21 AND WAS TOLD THAT MY TOE HAD TO BE AMPUTATED THE INFECTION WAS THAT BAD THAT I HAD TO BE PUT ON ANTIBIOTICS UNTIL 6-20-21 WHEN THEY AMPUTATED MY TOE

C. What date and approximate time did the events giving rise to your claim(s) occur?

From May 27-2021 till 6-20-21 was taken to the Hospital

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

When I was brought here to LANCASTER COUNTY PRISON I'm type 2 Diabetic there was a ulcer on my 2nd second toe of my foot my Doctor & Foot DR knew Requested Blood work came back Negative for INFECTION Blood work Done Approximately a week prior to

being incarcerated the Nursing Staff L.C.P WAS INFORMED

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

The ulcer WAS to be cleaned AND CHANGED Every day They ulcer WAS cleaned & changed Five times From 5-27-21 to 6-10-21 Till I WAS TAKEN to the Hospital

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes.

If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

1,500,000 PUNITIVE DAMAGES 1,500,000 million PAIN & SUFFERING which I still have PAIN 1,500,000 PAIN & SUFFERING

TRIAL By Jury

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☒ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

LANCASTER COUNTY PRISON

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

LACK of medical care. Resulted in my Tox being Amputated

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

LANCASTER COUNTY PRISON KIOSK

2. What did you claim in your grievance?

THAT MEDICAL WAS NOT CHANGING
AN CLEANING THE ULCER EVERYDAY GRIEVANCE FILED
6-2-21 & 6-8-21

3. What was the result, if any?

they were ANSWERED 6-28-21 AFTER
the TOE WAS AMPUTATED SAID THAT NURSE'S WERE
TOLD TO CHANGE & CLEAN THE WOUND EVERYDAY THE
TOE WAS ALREADY AMPUTATED

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I WAS RELEASED ON 7-2-21

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Thought that filing the grievance on the medical staff was as far as I went. Because Prime Care/Health Services Being contracted was the farthest I went

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

N/A

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

E.D.Pa. AO Pro Se 14 (Rev. 04/18) Complaint for Violation of Civil Rights

☐ Yes☐ No

N/A

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

9/22/22

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Kevin S. Fennie SrKEVIN GRAHAM FENNIE SR.94-1037625 E. King StLANCASTERPA17602

City

State

Zip Code

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

Name: K. JIM KIMBLE
ID#: 94-1037
Lancaster County Prison
Drawer C, 625 E. King St.
Lancaster, PA 17602-3199

CLERK of COURT'S James A Byrne Room 2609

THE UNITED STATES DISTRICT
COURT for the Eastern District of Pennsylvania
PHILADELPHIA PA 19106



U.S.M.S.
X-RAY

Hasler
09/23/2022
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